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## Are patients with non-valvular atrial fibrillation involved in decision-making about oral anticoagulants? A literature review

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Patients with non-valvular atrial fibrillation (AF) requiring oral anticoagulants (OAC) for stroke prevention currently have a choice of five OACs. A systematic review was undertaken to explore if patients with AF requiring an OAC for stroke prevention are involved in decision-making.

A systematic search was conducted using MEDLINE, EMBASE, Web of Science, CINAHL, Cochrane Library, SCOPUS, and PsycINFO databases from inception to August 2017. Search terms were developed from search categories: “atrial fibrillation” AND “oral anticoagulant” AND “patient involvement”. English language filter was applied. Studies retrieved, after removal of duplicates, were screened using the following inclusion criteria: (i) empiric studies reporting patient involvement in decision-making about OACs for stroke prevention in AF (ii) >18 years participants. Clinical guidelines, reviews, opinion and incomplete articles were excluded. The first reviewer screened titles and abstracts. To ensure concordance, a second reviewer independently checked a subset of 20% of abstracts. Once screened, reference checking and citation searches were performed. The full text of selected articles was assessed for inclusion by two reviewers independently and discussed to reach consensus. One reviewer conducted data extraction, quality appraisal using QATSDD evaluation tool [1] and analysis of eligible studies. Ethical approval was not required.

The search yielded 5,894 unique titles. Screening of titles and abstracts resulted into 27 papers. The full text review excluded 19 papers. Reasons for exclusion were: review papers (n = 9), no findings on patient involvement in decision-making (n = 7), and clinical guidelines

(n = 3). Two additional studies were included after reference and citations screening. Ten papers, seven qualitative and three quantitative studies, were retained for the literature review. Four studies were conducted in the UK, two in Canada and the remaining in Australia, USA, Denmark, and one across Europe. The methodological quality of studies was varied (score 13–29 out of 42, median 24.5). Four studies explored patient involvement when warfarin was the only OAC option and six when warfarin and direct oral anticoagulants (DOACs) were available. Views on patient involvement in decision-making from a patient's perspective were reported in six studies and from a prescriber's perspective in six studies.

Patients' experiences indicated that paternalistic consultations were dominant when warfarin was the only available OAC. Patients reported high trust in doctors and expressed low confidence in making decisions themselves. They accepted physicians' dominance in the consultations even if an active role was preferred. Physicians' aimed to involve patients in decisions through negotiation. However, in order to make the "right" decision they fell back to the paternalistic approach or limited patient involvement. Patients continued to experience paternalistic consultations when warfarin and DOACs were available. Furthermore, quantitative findings have suggested that when more OAC options were available patients tended to be more involved in decisions.

This systematic review suggests that decision-making is dominated by prescribers but providing patients with several therapy options can promote their involvement in decisions. Further planned work will explore if patient involvement in decision-making has influenced the uptake of DOACs, which has been slow in the UK.[2]

## References

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